


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90429 011 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P04000134614</b> 1. Entity Name <b>SFFF INVESTMENTS, INC.</b>			
Principal Place of Business <b>880 WEST 19TH STREET                  HIALEAH, FL 33010</b>		Mailing Address <b>880 WEST 19TH STREET                  HIALEAH, FL 33010</b>	
2. Principal Place of Business Suite, Apt. # etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GASTESI, RAUL JR                  8105 NW 189TH STREET                  MIAMI LAKES, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>SFFF Investments Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>Santas Flores</b> <b>880 West 19 Street</b> City <b>Hialeah</b> FL Zip Code <b>33010</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <b>Santas Flores</b> <small>Signature, typed or printed name of registered agent and fee if applicable</small>		DATE <b>4-20-06</b> <small>NOTE: Registered Agent signature is required when cancelling.</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORES, SANTOS O 880 WEST 19TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLORES, FRANCISCA E 880 WEST 19TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLORES-MONZON, EVA MARIE 880 WEST 19TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Santas Flores</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/20/06</b> <small>Date Daytime Phone #</small>	

40060010



04182006 Chg-P CR2E034 (11/05)

**FILE NOW!!! FEB IS \$150.00  
 After May 1, 2006 Fee will be \$850.00**